

UTAH DIGITAL HEALTH SERVICE COMMISSION MEETING

Thursday, May 2, 2019, 10:00 AM – 12:00 PM

Utah Department of Health

288 North 1460 West, Room 128

Salt Lake City, Utah

Minutes

Members Present: Teresa Rivera (Chair), Patricia Henrie Barrus, Mark Dalley, Henry Gardner, Peter Hannon, Ben Hiatt (online), Randall Rupper (online), Todd Bailey (online), Sarah Woolsey

Members Absent: Craig Herzog, Preston Marx, Ken Schaecher, Tamara Richards

Staff Members: Kailah Davis (UDOH), Humaira Lewon (UDOH)

Guests: Marc Babitz (UDOH), Ed Dieringer (Home Care Association), Sterling Petersen (UDOH), Theron Jeppson (UDOH), Dallas Moore (UofU)

Welcome and Introduction:

Teresa welcomed everyone at 10:05 AM and there were brief introductions. The March 2019 meeting minutes were reviewed and Sarah and Teresa had several suggestions. The motion for approval, if amended, was made by Peter Hannon, Sarah Woolsey seconded. All voted in favor.

Suggested changes:

1. Telemedicine: remove 't' from pediatric on page 1.
2. Telemedicine: change 'diseasase' to 'disease.'
3. Telemedicine: change 'Medicaid' to 'Medicare.'
4. Deep dive Goal 2, point 2, should be 'blood lead' not 'led.'
5. Deep dive Goal 3, change 'HIMMS' to 'HIMSS.'

Action Items:

Humaira will update the minutes to reflect the suggested changes.

New required reporting from H.B. 387:

The language and purpose of the new house bill H.B. 387 were reviewed; see handout. The house bill now mandates an annual report by all boards and commissions and is due August 1st. Navina has started formatting the report and will work with UDHSC executive committee to complete a draft.

Commissioners discussed achievements in the last year and Teresa noted that UDHSC took over the state HIT plan. Sarah suggested that the reason UDHSC exists should be documented in the report. Henry recommended that UDHSC commissioner types should be reviewed and highlighted that the committee reviewed the Master Person Index (MPI) amended bill last year. Teresa noted that ONC has stressed the importance of MPIs in a current proposed rule; as a result, she [Teresa] will work with ThSisU to draft a response to ONC.

Teresa wrapped up this discussion by reemphasizing that the UDHSC executive committee will work with Navina to complete a draft of the report and the committee can review at the next meeting.

Action Items:

1. UDHSC executive committee will work with Navina to complete a draft of the report before the next meeting.
2. Teresa will work with ThSisu chairs to draft a response to ONC's proposed rule.
3. Review commissioner types.

Cancel Rx follow up:

The role and importance of Cancel Rx were described, which is stressed by ONC and the literature. Surescripts is working on documenting the improvement of patient care and safety. However, the functionality for this application is not widely enabled or used and the integration into the clinician's workflow is not seamless.

About a year ago, Connecticut presented to UDHSC on their Cancel Rx initiatives. Sarah provided an update of their [Connecticut] current efforts (see handout for these updates). The action steps from a year ago for Utah were to 1) learn about what larger organizations in Utah are doing and 2) identify the impact Cancel Rx will have on pharmacies and potential barriers. Larger organizations, such as Intermountain Healthcare (IHC), has the health information technology (HIT) capacity; however, smaller organizations (such as those in rural areas) might not.

University of Utah/Epic Cancel Rx Update (Dallas Moore, Director of Pharmacy Informatics and Technology)

University of Utah and Epic recently met with Surescripts on implementing Cancel Rx in the Epic EHR. Epic has been actively working with Surescripts on implementing an interface based on the National Council for Prescription Drug Programs (NCPDP) standards. It was noted that these standards were recently updated and Cancel Rx fits into the many NCPDP improvements. The interface in Epic should be available in July 2019. Once available, the University of Utah will perform a code review and hope to have Cancel Rx implemented by Q4 2019.

Intermountain Healthcare (IHC) Cancel Rx Update

IHC is not working on implementing Cancel Rx yet but management is committed to providing this

functionality. Sarah will ask for an update next year (2020).

Other Discussion

Mark Dalley noted the potential impact on smaller organizations that do not have Epic or Cerner. However, Surescripts updated its NCPDP interface, and as a result, other EHRs should be able to work with Surescripts to build the necessary interface within their EHR. Retail pharmacies will also need to update their interfaces to get the Cancel Rx functionality.

Teresa suggested writing an informational piece with UHA and UMA to create awareness to let providers and pharmacies know about Cancel Rx. This suggestion was supported by all UDHSC members.

Action Items:

1. Sarah will contact University of Utah pharmacies to find out more about the impact on the retail side.
2. Sarah will ask IHC for an update next year.
3. Sarah will contact Cancel Rx for informational materials.
4. Teresa will work with her staff (Christopher) on drafting an informational article.

APCD-OHCS review of some of their work/reports:

Sterling Peterson from the Office of Healthcare Statistics (OHCS) presented reports has completed in the last year; see the presentation. The All Payer Claims Database (APCD) will soon have Medicaid parts A and B data (in about 6 weeks from the date of the presentation). OHCS disseminated reports that were categorized into four groups:

1. Public Health Reporting: OHCS has released three reports through the Office of Public Health Assessment's Health Status Updates. All reports are highlighted in the handout.
2. Maternity Online Query Tool: In partnership with the HealthInsight (now Comagine Health), OHCS released a query tool on [UtahHealthScape.org](https://utahhealthscape.org) that publishes price transparency information for maternity costs across the state of Utah.
3. Clinic Quality Comparisons: OHCS is mandated by Utah Code 2633a106.5 to produce comparisons of clinics and make the information available to the public free of charge; the report primarily focuses on primary care clinics. OHCS disseminates the information on the Utah [Open Data Portal](#). This portal is not consumer-friendly; it is more of a 'data dump.' There are times when media houses use the data on the portal to publish a study or news article. For example, in 2016, Deseret News published a [story](#) that used the clinic quality data to graphically show clinic comparisons for diabetes and bronchitis.
4. Inpatient cost comparisons: first time published earlier this year and focuses on office visits. The inpatient cost comparisons are based on DRGs, therefore does not include fees such as anesthesiology, etc. Teresa asked if there will be a similar analysis using episode of care. Sterling noted that the Auditor's tool should provide this information (see below for more information

about this tool).

For both the clinic and inpatient cost comparison reports, Sterling highlighted that OHCS is prohibited from releasing how much a specific insurance company paid. OHCS is focused on publishing price transparency.

Upcoming

Sterling noted that there has been a push by the Auditor's office to produce tools to help consumers shop for healthcare. In addition, a recent bill requires OHCS to release data that is easily consumable for data analytics and data sharing, specifically to allow the private sector access to the data to construct their own tools/health applications. Teresa noted that PEHP and SelectHealth have developed similar tools which can be used to empower consumers, particularly the uninsured; Sterling highlighted additional benefits of health plans developing these tools.

The data sets used to produce reports are available for [purchase](#). The release of data to [Mymedicalshopper.com](#) was the first time OHCS released data to an organization that wanted to create a data transparency tool.

Action Items: None

UDOH PCORI and EHR data access for Public Health:

Theron Jeppson from the Division of Disease Control and Prevention Informatics Program (DCPIP) presented on leveraging EHR data for chronic disease surveillance; see the presentation. The challenges of using current public health data sources, such as the Behavioral Risk Factor Surveillance System (BRFSS), for creating a chronic disease surveillance system was highlighted. DCPIP and the Healthy Living through Environment, Policy and Improved Clinical Care (EPICC) program currently have six projects that are focused on assessing the value of EHR data for disease surveillance; all projects are listed in the PowerPoint. For the projects related to comparing EHR data with the cHIE, Theron noted that not all facilities submit the same health data to cHIE. Revere Health submits transcription data while Tanner and Canyon submit Continuity of Care Document (CCD) documents. The cHIE related projects will: 1) evaluate how the cHIE captures and process unstructured data (transcription notes) and how that processed data compares to the EHR data, and 2) evaluate how the cHIE captures and process structured data (CCD) and how the processed data compares to the EHR data.

The PCORNET projects will assess the usefulness of PCORNET for public health surveillance, focusing on diabetes and hypertension. DPCIP and EPICC are working closely with the University of Utah and Intermountain Healthcare on these projects; both organization are PCORNET sites. These projects will support UDOH's Governor Legacy project.

A question was raised on whether the data will be shared with partners and other health systems. Theron noted that smaller health systems do not seem to be interested in the project. Teresa noted that it could

be because they are focused on the incentive program. Theron did note that there will be an effort to publish some of the findings.

Action Items: None

Provider Directory Update:

Kailah explained the current process of accessing and de-duplicating DOPL's professional licensing database to create the foundation of UDOH's provider directory. The data provided from DOPL to UDOH is only healthcare-related professions. UDOH's copy is refreshed weekly and identities are resolved using the Department of Health Master Person Index (DOHMPI). DOPL's database does not include National Provider Identifier (NPI) numbers; therefore, the Health Informatics Office (HIO) is working on building a process to query the NPES registry for a clinician's NPI number. HIO hopes to have this completed by the end of September 2019. Kailah explained that only about 1/3 of active physicians has a specialty declared in the professional licensing database and the specialty is captured using the AMA classification. Therefore, by the end of 2019, HIO will work on identifying specialties for all relevant clinicians and will create a new specialty data element in the provider directory that categorize specialties in the CMS classification.

Kailah noted the value UDOH's provider directory provides to the larger community and that it is important to link UDOH's directory with external directories such as the CHIE's; Teresa agreed.

Action Items: None

UPV and Patient Engagement Conference:

The Utah Partnership for Value-driven Health Care (UPV) ties directly to Goal 4. UPV has several workgroups to address various topics such as consumer engagement and affordability. Sarah reviewed each workgroup and their purpose; see the presentation for in-depth descriptions.

1. Advance Care Planning Advisory (ACP) Group: There will be a summit on advance care planning in September 2019.
2. Patient and Family Engagement: this group took on the OpenNotes initiative.
3. Bringing Utah's Patient Voices to Research: connects researchers, providers, and patients together to collaborate; focuses on getting consumers involved in research.
4. Transparency: Transparency Advisory Group (TAG) makes useful cost and quality data available to Utah patients and providers. Comagine Health has used data that OHCS has published to visually show the data in a way that is useful to consumers (see slide 12). Each year TAG chooses three new measures for Physician Office Quality Transparency, commissioners should let Sarah know what measure(s) you are interested in.
5. Affordability: focuses on addressing the need for a cost and quality transparency website for consumers, assessing of prevalence and spending associated with 'low-value care' in Utah, and

analyzing data from comprehensive sources to determine unmet social and medical needs in the state. The definition of 'low-value care' is based on Lynn Quincy/Altarum definition-things consumers pay for they do not value and things want but cannot pay for.

Action Items: None

Deep Dive – Goal 4:

4A. Promote collaboration with Utah companies [such as ARUP and BioFire] and academic programs (Henry's suggestion). The question of getting students involved was raised by several committee members. Dr. Babitz noted that UDOH is developing a department strategy to help improve the relationship between UDOH and academic programs. The University of Utah Department of Biomedical Informatics should be invited to discuss potential internship opportunities.

Patricia noted that people might not know how to get involve or are naive to what is going on. UDHSC will focus on addressing these issues.

4.03 Should remain.

4.04 Just a conference. Sarah suggested adding EPICC's PCORI projects; however, not sure if it is highlighted in another goal.

4.05 Is the community still interested in this learning event? The APCD is no longer novel to the community and many researchers have been exposed to this data due to the University of Utah's institutional license. Sarah suggested having an event that highlights ongoing transparency and quality projects. Another suggestion was made by Dr. Babtiz. He mentioned having an event that highlights the Utah Data Research Center (UDRC). Some members (Sarah and Teresa) noted that UDRC suggestion could be a goal.

Other potential projects for this goal: 1) Mike McGill's project on predicting what specializations are needed in a community; however, this project might not fit in the IT plan, and 2) highlighting how Utah's data is getting used.

Potentially add a goal about privacy and consent of the data; Teresa will discuss this with Navina.

Action Items:

1. Add Tribal Epidemiology Center to goal 4.03
2. Remove showcase from 4.04; add projects such as UDRC or highlights ongoing transparency and quality projects.
3. Add PCRONET projects.
4. Showcase various informatics programs at a future meeting to present on potential internship opportunities and identify potential goal after the showcase.

5. Work with UDOH to address the lack of community knowledge about UDHSC and getting involved.

State of Reform:

Henry shared information about the [State of Reform](#) conference. There were various panels on topics such as behavioral health and opioids. Henry noted that the panel speakers had varying viewpoints on the topic, thus leading to an open dialogue. There will be a webpage for attendees to provide feedback.

Wrap Up and Next Steps:

None.